

DUE IN OFFICE BY AUGUST 1st**Physical Examination****To be completed by Parent:**

Today's Date _____

Student's Name _____ Birthdate _____ M/F _____

Father's Name _____ Mother's Name _____

If the above student has frequent problems with any of the following, please describe:

Allergies _____ Asthma _____

Seizures _____ Ears _____

Nose/Throat _____ Bladder _____

Stomach _____ Major Illness _____

Routine medicines taken by the student: _____

Emotional or physical problems that might affect your child at school: _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision Screen R 20/ _____ L 20/ _____ Corrected? _____

To be completed by Physician :

General appearance _____ Skin _____

Heart _____ Lungs _____

Abdomen _____ Genitalia/Hernia _____

Nose/Sinus _____ Throat/Mouth _____

Glands/Thyroid _____ Speech _____

Ears _____ Hearing Loss? _____

Emotional/Behavioral Problems? _____

ADD/ADHD _____ Medications _____

Physical disabilities, limitations, or restrictions _____

Immunizations: current _____ needed boosters _____

Cleared for school _____ cleared for P. E. _____

Comments _____

Physician's Signature _____ Date _____

Printed name, address, and phone number of physician: _____

LAKEWOOD PARK

CHRISTIAN SCHOOL

5555 COUNTY ROAD 29 SOUTH
AUBURN, IN 46706
PHONE (260)-925-1393
FAX (260)-925-5010

Immunization Record:

Indiana law requires all students enrolling in any Indiana school for the first time to provide a COPY of the student's immunization record or file a yearly medical or religious objection to immunizations. A medical objection form must be filled out by the doctor who has determined immunization to be detrimental to the child at this time.

Indiana school requirements are as follows:

Prekindergarten-Copy of Immunization Record or religious / medical objection

Required immunizations for Kindergarten and Grade 1 include:

- 5 doses of DPT, DTap, or DT
- 4 doses Polio (IPV or OPV)
- 3 doses of Hepatitis B vaccine
- 2 doses of MMR
- 1 dose of varicella or parental history of chicken pox (form below)

Required immunization for Grade 2-12:

- 3 doses of DPT, DTap, or DT
- 4 doses of Polio (IPV or OPV)
- 3 doses of Hepatitis B vaccine
- 2 doses of MMR
- 1 dose of varicella or parental history of chicken pox (form below)

****Please call your child's doctor or the school nurse at 260-925-5342, ext. 234 if you have questions about your child's immunizations.**

My child, _____, had chicken pox disease (date--month
or season
and year)_____.

Parent Signature_____

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Four doses are acceptable if the fourth dose was administered on or after the child's fourth birthday.

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Four doses of either oral polio (OPV) or inactivated polio vaccine (IPV) in any combination or three doses of all OPV or all IPV are acceptable if the third dose was administered on or after the child's fourth birthday.